
RISK ASSESSING OUR WORKFORCE DURING COVID-19



1ST JUNE 2020

Staff across the Raedwald Trust have been risk assessed by TBMs at an individual level. Understanding personal circumstances has been an important, evolving, picture, communicated via 1-1 meetings and phone calls, logged confidentially, centrally. At the start of May 2020, the NHS released their [call to action to support BAME NHS people](#) and communities during and beyond COVID-19. As part of this process a draft NHS England document proposed trusts ensure every staff member has a risk assessment to keep them safe, and that guidance will be provided to support employers to create proactive approaches for BAME staff, covering physical and mental health. The Raedwald Trust has adopted aspects of this format to build on its existing process and further risk assess staff during week beginning 1st June 2020.

While it may not yet be clear why the danger of contracting COVID-19 and subsequent mortality rates are higher for BAME colleagues, it is clear to the Raedwald Trust that a bespoke health and wellbeing offer for BAME staff is required. Through acknowledging the very different outcomes for BAME people in particular with regards COVID-19, the Trust believes that this could be a vital opportunity to not only put in place safeguards for colleagues now, but also affect lasting change in the imbalance of power, decision-making and representation for BAME colleagues within our education organisations as a whole for the long term.

The following four factors underpin our planning going forward:

- 1) Protection of staff which includes risk assessments that specifically take into account the physical and mental health of all staff, with a specific focus on BAME staff. The NHS has provided [guidance](#) for employers on risk prioritisation and management which includes ethnicity. This includes ensuring that line managers are supported to hold conversations with BAME staff that are sensitive and comprehensive, and that these should be held on an ongoing basis as physical and mental health are prone to changes. The Raedwald Trust commits to accounting for this guidance when organising its workforce.
- 2) Engagement with staff and relevant networks is paramount. Communication with these should be strengthened so that leaders can hear and learn from lived experience - this includes initiating webinars and facilitated discussions including BAME and non-BAME colleagues within professional associations, MATs, BAME network leaders, local authorities, the DfE, leadership and governance associations and other stakeholders with the aim of starting a meaningful dialogue that will result in some real change across the education sector.
- 3) Representation in decision making is critical to include BAME staff as key influencers in decisions that may be made that directly affect them. The Raedwald Trust believes there should be a national audit of BAME representation (segmented into the respective groups and not lumped together as a broad category of 'non-white' peoples) across educational leadership, governance and leading policy- making functions of all education organisations. This should be tackled head on and the imbalance addressed from school level and right up into government policy as a matter of urgency.

Rehabilitation and recovery to make sure there is bespoke and continuing health and wellbeing support throughout and beyond the crisis. The disproportionate impact of COVID-19 on BAME communities is acute, both personally and professionally. Front line education colleagues are already under pressure as frontline actors in uncertain times. The Raedwald Trust believes that we need to ensure that the unique needs of our BAME colleagues are met both now, and in the future.

Our duty of care

There are a range of statutory requirements that together form part of the duty of care that the Raedwald Trust owes to its staff, and by extension to pupils and visitors including families. In the our setting these include

- Section 1 (2) Health and Safety at Work etc Act 1974 which states: “It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.”
- Regulation 3 (1) of the Management of Health and Safety at Work Regulations 1999 which provides that: “Every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work; and the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking”
- An Equality Impact Assessment or some other means of meeting the requirement of the Public Sector Equality Duty contained in section 149 of the *Equality Act 2010*, which requires public authorities to have due regard to a number of equality considerations when exercising their functions.

The Raedwald Trust believes that no one should work in an environment where foreseeable risk has not been mitigated or removed as far as is reasonably practicable. Staff have a duty of care to themselves, to colleagues, to those they manage or employ and to those they provide services to.

We know from Public Health England, from the Office of National Statistics and from a range of recently published research that some groups of people are more at risk from COVID 19, notably those with certain long term health conditions. BAME staff are particularly at risk, and the NHS has specifically identified the importance of risk assessments for this group. The Raedwald Trust agrees with this action.

The Raedwald Trust Process

Risk assessment

The Raedwald Trust believes that risk assessment should be carried out for all staff so that a personalised risk mitigation plan can be put in place for each member of staff. This requires an open and collaborative one to one conversation between the staff member and leader, aided by our HR partners, Browne Jacobson and occupational health team as required. We believe this should be conducted within a “done with”, co-production approach and not a “done to” approach. For us, this means that the staff member should see the risk assessment document and paperwork before the one to one conversation takes place.

Risk mitigation

The Raedwald Trust believes that measures to reduce exposure to risk must be implemented as a priority to protect the lives of staff and children. We also know that these measures will need to be in place for some time as the pandemic takes its course, so need to be sustainable. Regular feedback to see whether interventions are working is vital. We believe that through this process, our long term work designed to strengthen our community culture and capability will also enhance risk management.

Personal protection equipment (PPE)

The Raedwald Trust believes that appropriate PPE should be made available and clear instruction and training should be provided to our staff regarding how to wear and dispose of, or re-use these, where fitting. There is ongoing debate for and against use of face masks/face coverings in general for staff, children and the public. Our published guidance will be updated as the evidence evolves and is made available.

We know that our children will need to be offered an explanation and reassurance when staff are wearing PPE.

Staff testing

There is now a national testing process for England. This will be offered to all Raedwald Trust staff with consideration given to prioritising staff and their families, to enable healthy staff to attend work.

Redeployment

The Raedwald Trust commits to the redeployment of all staff according to PHE and DfE categorisation. Specifically, BAME staff will be considered for redeployment to lower risk work areas or home working. We believe that a proactive offer by leaders as part of an ongoing review, keeping staff needs in mind, will engender confidence that the staff members' needs are being taken seriously.

Working from home

If completely working from home or redeployment is not possible, a balance between working from home and in school may be a way of reducing COVID-19 risk exposure. This will be carefully and actively considered rather than staff being made to feel guilty.

Other infection prevention and control measures

The Raedwald Trust commits to publishing specific site based infection prevention and control measures, by site, on its website.

Support for BAME employees to manage additional impact of COVID-19

BAME staff engagement

The Raedwald Trust believes that engagement with BAME employees should be a priority, including any staff networks, committees, union and other representative groups that should be invited to Q&A and other engagement events with senior staff. This will ensure the BAME voice is heard

by our leaders. The Raedwald Trust believes that the issues facing BAME staff are not just BAME issues but have relevance to all staff and to our whole organization.

Revised Risk assessment tool for staff during the COVID-19 pandemic, June 2020

General information					
Staff member's name(s)			Job title		
Work location			Working hours		
Date of assessment			Review date		
Individuals underlying health condition category / other factors	<i>Please tick appropriate box</i>		Current post involves	<i>Please tick appropriate box</i>	
	Notified as on 12 week shielding (very high risk group)			Direct contact with other adults	
	Age (>65 years) Please tick if age is over 50 for BAME staff			Direct contact with children under 12	
	Diabetes			Direct contact with children over 12	
	Chronic lung disease			Providing support to colleagues within the setting (e.g. cleaning, estates, IT)	
	Chronic heart disease			Providing support to colleagues but not directly in the setting (e.g. training)	
	Cancer				
	Pregnancy please tick if over 28 weeks, under 28 weeks if pre-existing risks present				
	Immunosuppression				
	Pre-existing disability that impacts on respiratory morbidity				

	Impact of carers stress or concerns about family		
	BAME background		
	Gender (please tick if male BAME above 50)		
	Is there a anyone that you live with who is “shielded” in according with the Public England schedule of conditions requiring shielding		

What are you already doing?		
Interventions	Current position	Additional action to reduce risk
Can this work be done at home?		
Could alternative work be undertaken at home or elsewhere across the trust (redeployment)?		
Can face to face interactions be limited?		
Have arrangements been made for remote working?		
PPE		
Access to swab testing and prioritising at-risk groups and their family members		
Has the individual had any sickness in the past linked to their health condition?		
What arrangements are you going to put in place to ensure		

Leader's signature (can be electronic signature of reference to email confirmation)	
Print name	

Guidance notes:

1. The tool is intended to provide structure to a one to one conversation with a staff member to seek a pragmatic and safe working arrangement – it should be conducted within a “done with”, co-production approach with the staff member, and not a “done to” approach. This means that the staff should see the risk assessment document and paperwork before the one to one conversation.
2. The risk assessment can be used in conjunction with but not replace occupational health assessments of pre-existing disabilities
3. It is recommended that the risk assessment is completed by a line manager, co-signed by a member of staff and further validated by a TBM if the line manager is someone other than a TBM
4. The risk assessment should be a rolling programme – and should be done again at least every time any family or household member is required to self-isolate
5. Please refer to NHS advice on risk factors and the government advice on shielding staff [here](#)

Acknowledgements: based on Lincolnshire Partnership NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Somerset Partnership NHS Trust, Royal College of Psychiatrists and Faculty of Occupational Medicine guidance and assessment.

Archived Risk Assessment Categories – March, April and May 2020

The following categories were used to assess risks for staff up to June 1st 2020. Reviews of initial risk assessments took place via phone calls and meetings with Trust Business Managers.

Social Distancing Requirement				
Over 60	Medically vulnerable (i.e. Requires a flu jab or recent medical need)	Emotionally vulnerable	Vulnerable person in their household	Role requires them to remain operational

Caring Status	
Primary carer for children under 13	Primary carer for an elderly relative

Social Distancing Outcome		Self-Isolation Status			Availability	
Suitable to provide frontline support	Willing to provide frontline support	Unwell themselves	Household member unwell	Self-isolation predicted end date	Available to provide frontline support w/c 23rd March?	Available to provide frontline support if their child is in school?